



*Interstate Telcom Consulting, Inc.*

Independent Telecommunications Consultants

Received & Inspected

JUN 29 2015

FCC Mail Room

June 26, 2015

Ms. Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

DOCKET FILE COPY ORIGINAL

Mr. Jeff Richter  
PSC - Wisconsin  
PO Box 7854  
Madison, WI 53707

Re: WC Docket No. 10-90, 11-42 and 14-58: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for Nelson Communications Cooperative, Study Area Code 330918. Nelson Communications Cooperative is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. A confidential "Trade-Secret" filing of this information was also made under Docket 10-90, 11-42 and 14-58.

Should you have any questions, please contact me via e-mail at [roxih@interstatetelcom.com](mailto:roxih@interstatetelcom.com) or by phone at 320/848-6641.

Sincerely,

Roxi Hacker  
Regulatory Consultant

Enclosures:

Cc: Christy Berger

No. of Copies rec'd  
List ABCDE

0+1

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0519  
July 2013

<010>	Study Area Code	330918
<015>	Study Area Name	NELSON TEL COOP
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Roxi Hacker
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	roxih@interstatetelcom.com

Received & Inspected

Jul 9 2015

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS		54,313 Completion Required	54,422 Completion Required
		(check box when complete)	
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband) 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	330918WI510Nelson.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	330918WI610Nelson.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification (if yes, complete attached worksheet) Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	330918WI1010Nelson.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 330918

<015> Study Area Name NELSON TEL COOP

<020> Program Year 2016

<030> Contact Name - Person USAC should contact regarding this data Roxi Hacker

<035> Contact Telephone Number - Number of person identified in data line <030> 3208486641 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> roxih@interstatetelcom.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5

<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

330918WT112Nelson.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable



**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330918
<015>	Study Area Name	NELSON TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

**<701> Residential Local Service Charge Effective Date**

1/1/2015

<702> Single State-wide Residential Local Service Charge

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<015>	Study Area Name	NELSON TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com.com

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<015>	Study Area Name	NELSON TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com
<810>	Reporting Carrier	Nelson Communications Cooperative
<811>	Holding Company	Nelson Communications Cooperative
<812>	Operating Company	Nelson Communications Cooperative

[illegible]



**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 330918  
 <015> Study Area Name NELSON TEL COOP  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Roxi Hacker  
 <035> Contact Telephone Number - Number of person identified in data line <030> 3208486641 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> roxih@interstatetelcom.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

--

&lt;920&gt; Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  
 <922> Feasibility and sustainability planning;  
 <923> Marketing services in a culturally sensitive manner;  
 <924> Compliance with Rights of way processes  
 <925> Compliance with Land Use permitting requirements  
 <926> Compliance with Facilities Siting rules  
 <927> Compliance with Environmental Review processes  
 <928> Compliance with Cultural Preservation review processes  
 <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

REDACTED - FOR PUBLIC INSPECTION



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330918
<015>	Study Area Name	NELSON TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

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**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	330918
<015>	Study Area Name	NELSON TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

330918WI1210Nelson.pdf

Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

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**(2000) Price Cap Carrier Additional Documentation****Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	
<015>	Study Area Name	330918
<020>	Program Year	NELSON TEL COOP
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	ROXI HACKER
<039>	Contact Email Address - Email Address of person identified in data line <030>	3206486641 ext. roxie@interstatetel.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}  
 <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}  
 <2011b> Attachment {47 CFR § 54.313(b)(1)ii}


Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}  
 <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}  
 <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}  
 <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

--

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.


- <2021> Interim Progress Community Anchor Institutions


Name of Attached Document(s) Listing Required Information

REDACTED - FOR PUBLIC INSPECTION



## (3000) Rate Of Return Carrier Additional Documentation

## Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

330918WI3010Nelson.pdf

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

330918WI3012Nelson.pdf

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☐ ☐  
(Yes/No) ☐ ☐

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

3309118WI3017Nelson.pdf

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

## (3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

## Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	330918
<015> Study Area Name	NELSON TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

## Financial Data Summary

(3027) Revenue

6292478

(3028) Operating Expenses

5031469

(3029) Net Income

1844702

(3030) Telephone Plant In Service(TPIS)

46692412

(3031) Total Assets

33447611

(3032) Total Debt

14718381

(3033) Total Equity

18729230

(3034) Dividends

0

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	330918
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<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	330918
<015> Study Area Name	NELSON TEL COOP
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<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>ITCI</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	ITCI
Name of Reporting Carrier:	NELSON TEL COOP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/24/2015
Printed name of Authorized Officer:	James Tulip
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	7156724204 ext.
Study Area Code of Reporting Carrier:	330918 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	NELSON TEL COOP
Name of Authorized Agent or Employee of Agent:	ITCI
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/24/2015
Printed name of Authorized Agent or Employee of Agent:	Roxi Hacker
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	3208486641 ext.
Study Area Code of Reporting Carrier:	330918 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

REDACTED:

Nelson Communications Cooperative

Five Year Quality of Service Plan  
2015-2019

Annual Progress Report & Map  
2015



REDACTED:  
Progress Report  
USF

REDACTED:  
Progress Report  
Map

REDACTED:  
Progress Report  
Map



SAC: 330918

State: Wisconsin

Nelson Communications Cooperative

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services provided by Nelson Communications Cooperative are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable State of Wisconsin orders and rules including:

**Wisconsin State Statute 100.207 & 100.208  
REGULATION OF TELECOMMUNICATIONS SERVICES**

100.207(2) Advertising.	100.207(4) Collection Practices.
100.207(3) Sales.	100.208 Unfair Trade Practices.

**WI Chapter PSC 165  
STANDARD FOR TELECOMMUNICATIONS SERVICE**

165.010 General.	165.033 Exchange area boundaries.
165.020 Definitions.	165.065 Emergency operation.
165.032 Schedules to be filed with the commission.	

**Wisconsin State Legislative Department of Agriculture, Trade & Consumer Protection  
(ATCP) 123 & 127 BILLING PRACTICES AND DIRECT MARKETING**

123.02 Disclosure to subscriber.	123.08 Automatic renewal or extension.
123.04 Subscription charges.	123.10 Prohibited practices.
123.06 Negative Option Billing	123.12 Activities regulated by PSC.

**Subchapter II – Telephone Solicitations**

127.02 Definitions.	127.12 Credit card laundering.
127.04 Opening disclosures.	127.14 Misrepresentations.
127.06 Disclosure prior to sale.	127.16 Prohibited practices.
127.08 Prize promotions.	127.18 Recordkeeping.
127.10 Unauthorized payment.	127.20 Assisting violations.

**Subchapter III – Mail Solicitations**

127.30 Definitions.	127.42 Credit card laundering.
127.32 Opening disclosures.	127.44 Misrepresentations.
127.34 Disclosure prior to sale.	127.46 Prohibited practices.
127.36 Prize promotions.	127.48 Recordkeeping.
127.38 Unauthorized payment.	127.50 Assisting violations.
127.40 Delivering ordered goods.	

SAC: 330918

State: Wisconsin

Nelson Communications Cooperative

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

#### **Subchapter IV – Face-to-Face Solicitations**

127.60	Definitions.	127.70	Credit card laundering.
127.62	Opening disclosures.	127.72	Misrepresentations.
127.64	Disclosure prior to sale.	127.74	Prohibited practices.
127.66	Prize promotions.	127.76	Recordkeeping.
127.68	Unauthorized payment.	127.78	Assisting violations.

#### **Subchapter V – Telephone Solicitations; State Do-Not-Call Registry**

127.80	Definitions.	127.83	Telephone solicitation practices.
127.81	Telephone solicitors; registration.	127.84	Recordkeeping.
127.82	Do-Not-Call Registry.		

Nelson Communications Cooperative certifies it has complied with these requirements and those of the FCC including Lifeline Requirements, and Customer Proprietary Network Information (CPNI) rules.

SAC: 330918

State: Wisconsin

Nelson Communications Cooperative

Form 481 Line No: 610 Description of Functionality in Emergency Situations

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Nelson Telephone Cooperative pursuant to Wisconsin Public Service Commission rule "165.065 Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or exceed the rule requirement to provide:
  - Back up battery service in each central office.
  - Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Informed employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service, including rerouting of traffic around damaged facilities and the deployment of emergency power.

<b>(700) Price Offerings Including Voice Rate Data</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330918
<015>	Study Area Name	NELSON TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

1/1/2015

**<702> Single State-wide Residential Local Service Charge**

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION



(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 330918  
<015> Study Area Name NELSON TEL COOP  
<020> Program Year 2016  
<030> Contact Name - Person USAC should contact regarding this data Roxi Hacker  
<035> Contact Telephone Number - Number of person identified in data line <030> 3208486641 ext.  
<039> Contact Email Address - Email Address of person identified in data line <030> roxih@interstatetelcom.com

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
	WI	Arkansaw	79.95	0.0	79.95	6.0	1.0	999999.0	Other, with voice service
	WI	Arkansaw	104.95	0.0	104.95	6.0	1.0	999999.0	Other, without voice service
	WI	Arkansaw	49.95	0.0	49.95	10.0	5.0	999999.0	Other, with voice service
	WI	Arkansaw	74.95	0.0	74.95	10.0	5.0	999999.0	Other, without voice service
	WI	Arkansaw	79.95	0.0	79.95	20.0	10.0	999999.0	Other, with voice service
	WI	Arkansaw	104.95	0.0	104.95	20.0	10.0	999999.0	Other, without voice service
	WI	Arkansaw	109.95	0.0	109.95	30.0	15.0	999999.0	Other, with voice service
	WI	Arkansaw	134.95	0.0	134.95	30.0	15.0	999999.0	Other, without voice service
	WI	Arkansaw	139.95	0.0	139.95	40.0	20.0	999999.0	Other, with voice service
	WI	Arkansaw	164.95	0.0	164.95	40.0	20.0	999999.0	Other, without voice service
	WI	Arkansaw	169.95	0.0	169.95	50.0	25.0	999999.0	Other, with voice service
	WI	Arkansaw	194.95	0.0	194.95	50.0	25.0	999999.0	Other, without voice service
	WI	Arkansaw	74.95	0.0	74.95	10.0	10.0	999999.0	Other, with voice service
	WI	Arkansaw	99.95	0.0	99.95	10.0	10.0	999999.0	Other, without voice service
	WI	Arkansaw	104.95	0.0	104.95	20.0	20.0	999999.0	Other, with voice service
	WI	Arkansaw	129.95	0.0	129.95	20.0	20.0	999999.0	Other, without voice service
	WI	Arkansaw	134.95	0.0	134.95	30.0	30.0	999999.0	Other, with voice service
	WI	Arkansaw	159.95	0.0	159.95	30.0	30.0	999999.0	Other, without voice service
	WI	Arkansaw	194.95	0.0	194.95	50.0	50.0	999999.0	Other, with voice service
	WI	Arkansaw	219.95	0.0	219.95	50.0	50.0	999999.0	Other, without voice service
	WI	Durand	79.95	0.0	79.95	6.0	1.0	999999.0	Other, with voice service

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